

EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL'S EXPENDITURE REPORT FORM 508

- ☒ COVERING JANUARY 1 THROUGH JUNE 30, 2006 - DUE AUGUST 15
☐ COVERING JANUARY 1 THROUGH DECEMBER 31, _____ - DUE FEBRUARY 15

Pursuant to LSA-R.S. 49:78G(2)(e), an employer or principal of a lobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of all of its lobbyists. This reporting form is only to be used by principals or employers who have exercised this option by timely filing the Executive Lobbying Expenditure Reporting Designation Form and are reporting on behalf of their registered executive lobbyists.

Hand deliver or mail to: **2415 Quail Drive, 3rd Floor, Baton Rouge, LA 70808**

OR

Fax to: **(225) 763-8787 or (225) 763-8780**

1. EMPLOYER/PRINCIPAL AstraZeneca Pharmaceuticals, LP
2. BUSINESS ADDRESS 1800 Concord Pike, P.O. Box 15437, Wilmington, Delaware 19850-6737
 Street and No. City State Zip
- MAILING ADDRESS Same as above
 Street and No. City State Zip
3. CONTACT PERSON: Fish Amber K.
 Last First MI
4. MAILING ADDRESS 80 South Summit Street, Suite 100 Akron, Ohio 44308
 (if different from above) Street and No. City State Zip
5. PHONE NUMBER (330) 761-9960
 Area Code and Phone Number

FOR OFFICE USE ONLY
Postmark Date: 08/11/06

EP/08/06

3061286

6. List the names and executive lobbyist registration numbers of the lobbyists on whose behalf this report is filed:

1) Name: <u>Barnett</u>	<u>Stephanie</u>	<u>B.</u>	EXEC.ID.# <u>212</u>
Last	First	MI	
2) Name: <u>Barrow</u>	<u>Patricia</u>	<u>L.</u>	EXEC.ID.# <u>211</u>
Last	First	MI	
3) Name: <u>Bauer</u>	<u>Scheltzie</u>	<u>A.</u>	EXEC.ID.# <u>217</u>
Last	First	MI	

4) Name: <u>Beatty</u>	<u>Toni</u>	<u>A.</u>	EXEC.ID.# <u>242</u>
Last	First	MI	
5) Name: <u>Bird</u>	<u>Keith</u>	<u>A.</u>	EXEC.ID.# <u>271</u>
Last	First	MI	
6) Name: <u>Blistan</u>	<u>Beth</u>	<u>M.</u>	EXEC.ID.# <u>230</u>
Last	First	MI	
7) Name: <u>Bonin</u>	<u>Loree</u>	<u>B.</u>	EXEC.ID.# <u>199</u>
Last	First	MI	
8) Name: <u>Braud</u>	<u>Jeffrey</u>	<u>M.</u>	EXEC.ID.# <u>195</u>
Last	First	MI	
9) Name: <u>Braun</u>	<u>Amy</u>	<u>N.</u>	EXEC.ID.# <u>221</u>
Last	First	MI	
10) Name: <u>Burleigh</u>	<u>Julie</u>	<u>G.</u>	EXEC.ID.# <u>203</u>
Last	First	MI	

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

- a. Total of all executive lobbying expenditures made January 1 through June 30: \$ See signature page
(Include expenditures from Schedules A and B)
- b. Total of all executive lobbying expenditures made July 1 through December 31: \$ _____
(When Applicable) (Include expenditures from Schedules A and B)
- c. Total of all executive lobbying expenditures made during calendar year: \$ _____
(Line "a" added to Line "b" should equal Line "c")

B. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: <u>Campo</u>	<u>Steven</u>	<u>M.</u>	EXEC.ID.# <u>205</u>
Last	First	MI	
5) Name: <u>Cantrelle</u>	<u>Kevin</u>	<u>M.</u>	EXEC.ID.# <u>315</u>
Last	First	MI	
6) Name: <u>Capiel</u>	<u>David</u>	<u>M.</u>	EXEC.ID.# <u>207</u>
Last	First	MI	
7) Name: <u>Carter</u>	<u>Susan</u>	<u>T.</u>	EXEC.ID.# <u>220</u>
Last	First	MI	
8) Name: <u>Cordall</u>	<u>Misti</u>	<u>S.</u>	EXEC.ID.# <u>270</u>
Last	First	MI	
9) Name: <u>Cyrus</u>	<u>Kerry</u>	<u>J.</u>	EXEC.ID.# <u>216</u>
Last	First	MI	
10) Name: <u>Damall, Sr.</u>	<u>Robert</u>	<u>C.</u>	EXEC.ID.# <u>233</u>
Last	First	MI	

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: <u>Eley, Jr.</u>	<u>James</u>	<u>W.</u>	EXEC.ID.# <u>234</u>
Last	First	MI	
5) Name: <u>Finley</u>	<u>Bart</u>	<u>S.</u>	EXEC.ID.# <u>214</u>
Last	First	MI	
6) Name: <u>Fowler</u>	<u>Lisa</u>	<u>L.</u>	EXEC.ID.# <u>235</u>
Last	First	MI	
7) Name: <u>George</u>	<u>Charles</u>	<u>E.</u>	EXEC.ID.# <u>200</u>
Last	First	MI	
8) Name: <u>Guerriero</u>	<u>Luke</u>	<u>W.</u>	EXEC.ID.# <u>228</u>
Last	First	MI	
9) Name: <u>Hall</u>	<u>Allison</u>	<u>C.</u>	EXEC.ID.# <u>215</u>
Last	First	MI	
10) Name: <u>Hebert</u>	<u>Mark</u>	<u>A.</u>	EXEC.ID.# <u>210</u>
Last	First	MI	

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: <u>Helmke</u>	<u>Rachel</u>	<u>R.</u>	EXEC.ID.# <u>244</u>
Last	First	MI	
5) Name: <u>Hohorst</u>	<u>Ashley</u>	<u>A.</u>	EXEC.ID.# <u>219</u>
Last	First	MI	
6) Name: <u>Hull</u>	<u>Dennis</u>	<u>R.</u>	EXEC.ID.# <u>243</u>
Last	First	MI	
7) Name: <u>Humphries</u>	<u>Judi</u>	<u>P.</u>	EXEC.ID.# <u>249</u>
Last	First	MI	
8) Name: <u>Kleinpeter</u>	<u>Stephen</u>	<u>M.</u>	EXEC.ID.# <u>225</u>
Last	First	MI	
9) Name: <u>Liles</u>	<u>Jessica</u>	<u>F.</u>	EXEC.ID.# <u>198</u>
Last	First	MI	
10) Name: <u>Manguno</u>	<u>Rebecca</u>	<u>M.</u>	EXEC.ID.# <u>227</u>
Last	First	MI	

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name:	Mayer	Amy	F.	EXEC.ID.# 197
	Last	First	MI	
5) Name:	McAllister	Charles	E.	EXEC.ID.# 208
	Last	First	MI	
6) Name:	McCullough	Candace	L.	EXEC.ID.# 201
	Last	First	MI	
7) Name:	McDonald	Michael	J.	EXEC.ID.# 269
	Last	First	MI	
8) Name:	Milton	Rebecca	B.	EXEC.ID.# 229
	Last	First	MI	
9) Name:	O'Toole Benoit	Karen	A.	EXEC.ID.# 301
	Last	First	MI	
10) Name:	Puckett	Chad	E.	EXEC.ID.# 226
	Last	First	MI	

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: <u>Ragusa</u>	<u>Jeri</u>	<u>L.</u>	EXEC.ID.# <u>196</u>
Last	First	MI	
5) Name: <u>Rareshide</u>	<u>Jennifer</u>		EXEC.ID.# <u>202</u>
Last	First	MI	
6) Name: <u>Rossie</u>	<u>Tracey</u>	<u>B.</u>	EXEC.ID.# <u>206</u>
Last	First	MI	
7) Name: <u>Seay</u>	<u>Nicholas</u>	<u>H.</u>	EXEC.ID.# <u>314</u>
Last	First	MI	
8) Name: <u>Silvio</u>	<u>Jeffrey</u>	<u>D.</u>	EXEC.ID.# <u>213</u>
Last	First	MI	
9) Name: <u>Sins</u>	<u>Amy</u>	<u>C.</u>	EXEC.ID.# <u>231</u>
Last	First	MI	
10) Name: <u>Smith</u>	<u>Clark</u>	<u>E.</u>	EXEC.ID.# <u>250</u>
Last	First	MI	

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: Solleau	William	L	EXEC.ID.# 218
Last	First	MI	
5) Name: Spencer	Adriana		EXEC.ID.# 438
Last	First	MI	
6) Name: Tergerson	Michael	D.	EXEC.ID.# 241
Last	First	MI	
7) Name: Townson	Jennifer	L.	EXEC.ID.# 209
Last	First	MI	
8) Name: Triplett	David	W.	EXEC.ID.# 224
Last	First	MI	
9) Name: Usie	Kenneth	J.	EXEC.ID.# 223
Last	First	MI	
10) Name: Vinator	Lori	L.	EXEC.ID.# 222
Last	First	MI	

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- a. Total of all executive lobbying expenditures made January 1 through June 30:
(Include expenditures from Schedules A and B) \$ See signature page
- b. Total of all executive lobbying expenditures made July 1 through December 31:
(When Applicable) (Include expenditures from Schedules A and B) \$
- c. Total of all executive lobbying expenditures made during calendar year:
(Line "a" added to Line "b" should equal Line "c") \$

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Signature continued on following pages

Signature of Employer/Principal or Representative

Print or Type Full Name

4) Name: Wail Stephan E. EXEC.ID.# 232
 Last First MI

5) Name: Zaunbrecher Therese M. EXEC.ID.# 204
 Last First MI

6) Name: Rosenau Samuel C. EXEC.ID.# 362
 Last First MI

7) Name: Schifer Julie M. EXEC.ID.#
 Last First MI

8) Name: N/A EXEC.ID.#
 Last First MI

9) Name: N/A EXEC.ID.#
 Last First MI

10) Name: N/A EXEC.ID.#
 Last First MI

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period, when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

a. Total of all executive lobbying expenditures made January 1 through June 30: \$ \$81,754.34
 (Include expenditures from Schedules A and B)

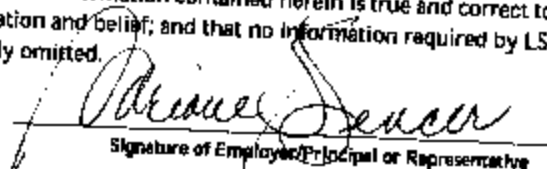
b. Total of all executive lobbying expenditures made July 1 through December 31: \$ N/A
 (When Applicable) (Include expenditures from Schedules A and B)

c. Total of all executive lobbying expenditures made during calendar year: \$ \$81,754.34
 (Line "a" added to Line "b" should equal Line "c")

B. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.


 Signature of Employee/Principal or Representative
 Adriane Spencer

 Print or Type Full Name

EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL'S EXPENDITURE REPORT ATTACHMENT

This Attachment is to be used to complete Item #8 of Form 50R, the report form for principals and employers who have elected to report on behalf of their executive lobbyists. Make as many copies of this form as needed for the completion of the expenditure report. Identify each page with a number and indicate the total number of pages being submitted.

1) LOBBYIST: Fowler Lisa L EXEC ID # 235
Last First MI

A. Total of all executive lobbying expenditures made January 1 through June 30: \$ 2,896.47
(Include expenditures from Schedules A and B)

Total of all executive lobbying expenditures made July 1 through December 31: \$ N/A
(When Applicable) (Include expenditures from Schedules A and B)

Total of all executive lobbying expenditures made during calendar year: \$ 2,896.47
(Adding above expenditure lines should equal this total.)

B. Did this lobbyist make an expenditure exceeding \$50 on one occasion for an executive branch official:
From January 1 through June 30? ☒ Yes ☐ No
From July 1 through December 31? ☐ Yes ☐ No ☒ NA

If the answer to either question in B above is YES, complete Schedule A and attach.

C. Did this lobbyist make expenditures exceeding the sum of \$250 for an executive branch official:
From January 1 through June 30? Yes ☐ No ☒
From July 1 through December 31? Yes ☐ No ☐ NA ☒

If the answer to either question in C above is YES, complete Schedule A and attach.

D. Did this lobbyist expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?
Yes ☒ No ☐

If the answer to D above is YES, complete Schedule B and attach.

E. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made by this lobbyist during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made by this lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by this lobbyist in a calendar year attributable to the department.

- 1) a. Name of Department: Department of Education
 b. Total of all expenditures made January 1 through June 30: \$ 1,015.14
 c. Total of all expenditures made July 1 through December 31: \$ N/A
 (When applicable)
 d. Total of all expenditures made during the calendar year: \$ 1,015.14

- 2) a. Name of Department: Department of Health and Hospitals
 b. Total of all expenditures made January 1 through June 30: \$ 1,768.08
 c. Total of all expenditures made July 1 through December 31: \$ N/A
 (When applicable)
 d. Total of all expenditures made during the calendar year: \$ 1,768.08

- 3) a. Name of Department: N/A
 b. Total of all expenditures made January 1 through June 30: \$ _____
 c. Total of all expenditures made July 1 through December 31: \$ _____
 (When applicable)
 d. Total of all expenditures made during the calendar year: \$ 0.00

- 4) a. Name of Department: N/A
 b. Total of all expenditures made January 1 through June 30: \$ _____
 c. Total of all expenditures made July 1 through December 31: \$ _____
 (When applicable)
 d. Total of all expenditures made during the calendar year: \$ 0.00

F. PROVIDE BELOW (a) the name of the executive branch department and individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by this lobbyist in a calendar year attributable to the agency.

1) a. Name of Department and Individual Agency: Department of Health and Hospitals,
Crowley Mental Health Center

b. Total of all expenditures made January 1 through June 30: \$ 188.82

c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 188.82

2) a. Name of Department and Individual Agency: Department of Health and Hospitals,
Dr. Joseph Henry Tyler, Jr. Mental Health Center

b. Total of all expenditures made January 1 through June 30: \$ 389.60

c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 389.60

3) a. Name of Department and Individual Agency: Department of Health and Hospitals,
Assumption Mental Health Center

b. Total of all expenditures made January 1 through June 30: \$ 104.62

c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 104.62

4) a. Name of Department and Individual Agency: Department of Health and Hospitals,
Lafourche Mental Health Center

b. Total of all expenditures made January 1 through June 30: \$ 490.72

c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 490.72

F. PROVIDE BELOW (a) the name of the executive branch department and individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by this lobbyist in a calendar year attributable to the agency.

1) a. Name of Department and Individual Agency: Department of Education,
Leonard J. Chabert Medical Center

b. Total of all expenditures made January 1 through June 30: \$ 940.57

c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ N/A

d. Total of all expenditures made during the calendar year: \$ 940.57

2) a. Name of Department and Individual Agency: Department of Education,
University Medical Center

b. Total of all expenditures made January 1 through June 30: \$ 74.57

c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ N/A

d. Total of all expenditures made during the calendar year: \$ 74.57

3) a. Name of Department and Individual Agency: Department of Health and Hospitals,
New Iberia Mental Health Center

b. Total of all expenditures made January 1 through June 30: \$ 594.32

c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ N/A

d. Total of all expenditures made during the calendar year: \$ 594.32

4) a. Name of Department and Individual Agency: N/A

b. Total of all expenditures made January 1 through June 30: \$

c. Total of all expenditures made July 1 through December 31:
(When applicable) \$

d. Total of all expenditures made during the calendar year: \$ 0.00

Executive Lobbyist: Fowler

Last

First

L.

MI

Exec. Id #: 235**SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS**

This schedule must be completed if, during the period January 1 through June 30 or the period July 1 through December 31, one of your registered executive lobbyists made either a) an expenditure for any executive branch official exceeding \$50 on any one occasion or b) aggregate expenditures exceeding \$250 for any one executive branch official during a reporting period, then you must provide the name of the lobbyist who made the expenditure(s) and the aggregate total of expenditures made on that individual in that reporting period. Make as many copies as are necessary. Each lobbyist should have his own Schedule A if one is required. NOTE: Report covering July - December is cumulative. You must include reportable expenditures from the first half of the year in Column #3.

1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4
Patrice Ambrose	New Iberia Mental Health Center	\$184.41		\$184.41
Louis Balart	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Alan Broussard	University Medical Center	\$74.57		\$74.57
Michael Charfet	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Jennifer Charpentier	Leonard J. Chabert Medical Center	\$59.04		\$59.04
Ralph Daigle	Dr. Joseph Henry Tyler, Jr. Mental Health Center	\$95.18		\$95.18
John Cedric Dauphin	Crowley Mental Health Center	\$188.82		\$188.82
Terry Delord	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Bonnie Doucet	Leonard J. Chabert Medical Center	\$59.04		\$59.04

Executive Lobbyist: FowlerLisaL.Exec. Id #: 235LastFirstMI**SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS**

This schedule must be completed if, during the period January 1 through June 30 or the period July 1 through December 31, one of your registered executive lobbyists made either a) an expenditure for any executive branch official exceeding \$50 on any one occasion or b) aggregate expenditures exceeding \$250 for any one executive branch official during a reporting period, then you must provide the name of the lobbyist who made the expenditure(s) and the aggregate total of expenditures made on that individual in that reporting period. Make as many copies as are necessary. Each lobbyist should have his own Schedule A if one is required. NOTE: Report covering July - December is cumulative. You must include reportable expenditures from the first half of the year in Column #3.

1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4
Mary Eschete	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Sandy Gonzales	Leonard J. Chabert Medical Center	\$59.04		\$59.04
Therryll Johnson	Leonard J. Chabert Medical Center	\$58.67		\$58.67
John King	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Jimmy Lao	Leonard J. Chabert Medical Center	\$58.67		\$58.67
William Marmande	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Ronald Marts	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Cara Morgan	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Susan Prejeant	Leonard J. Chabert Medical Center	\$59.04		\$59.04

Executive Lobbyist: FowlerLisaL.Exec. Id #: 235

Last

First

MI

SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS

This schedule must be completed if, during the period January 1 through June 30 or the period July 1 through December 31, one of your registered executive lobbyists made either a) an expenditure for any executive branch official exceeding \$50 on any one occasion or b) aggregate expenditures exceeding \$250 for any one executive branch official during a reporting period, then you must provide the name of the lobbyist who made the expenditure(s) and the aggregate total of expenditures made on that individual in that reporting period. Make as many copies as are necessary. Each lobbyist should have his own Schedule A if one is required. NOTE: Report covering July - December is cumulative. You must include reportable expenditures from the first half of the year in Column #3.

1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4
Rachael Reeves	Leonard J. Chabert Medical Center	\$58.67		\$58.67
Fabian Whitney	Leonard J. Chabert Medical Center	\$59.04		\$59.04
Daren Parsa	Assumption Mental Health Center	\$78.88		\$78.88
Michael Blunno	Lafourche Mental Health Center	\$53.14		\$53.14

Executive Lobbyist: FowlerLisaL.Exec. Id #: 235LastFirstMI**SCHEDULE B: EXPENDITURES FOR RECEPTIONS, ETC.**

This Schedule must be completed if one of your executive lobbyists expended funds for any receptions, social gatherings, or other functions to which more than twenty-five executive branch officials were invited. List the name of the group or groups invited, the date of the event, physical location of the event including the city, and the total amount expended. Make as many copies as are necessary. Each lobbyist should have his own Schedule B if one is required.

1. NAME(S) OF GROUP(S) INVITED	2. DATE OF RECEPTION	3. LOCATION OF RECEPTION	4. TOTAL AMOUNT OF EXPENDITURES
Mental health care providers	2/14/2006	Dr. Joseph Henry Tyler, Jr. Mental Health Center 302 Dulles Drive Lafayette, Louisiana 70506	\$113.25